



PTO/SB/22 (07-09)  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 58142(45858)	
Application Number 10/530,146-Conf. #2874		Filed March 31, 2005	
For METHODS AND MATERIALS FOR USING CHEMICAL COMPOUNDS AS A TOOL FOR NUCLEIC ACID STORAGE ON MEDIA OF NUCLEIC ACID PURIFICATION SYSTEMS			
Art Unit 1637		Examiner J. Tung	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 34,901	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.	
		Registration number if acting under 37 CFR 1.34	
	Signature <i>Kathryn A. Piffat, Ph.D.</i>		Date January 25, 2010
	Typed or printed name Kathryn A. Piffat, Ph.D., Esq.		Telephone Number (617) 517-5516
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of 1 forms are submitted.		

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<u>Kathryn A. Piffat, Ph.D.</u> Signature		<u>January 25, 2010</u> Date	
<u>Kathryn A. Piffat, Ph.D., Esq.</u> Typed or printed name		<u>(617) 517-5516</u> Telephone Number	
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